

**GAHHA ANNUAL DUES**

**Membership Year: July 1 – June 30**

**Medicare Certified Agency:**

	<u>Dues</u>
5+ Provider Numbers	\$9223
2-4 Provider Numbers	\$5675
1 Agency with Average Daily Census greater than 40	\$3547
1 Agency with Average Daily Census less or equal to 40	\$1419
Hospice	\$1419

**Dues are requested by July 1**

**Services Provided:** (e.g., SN, PT, OT, ST,

MSW, HHA, Homemaker Services, Private

Duty, Oxygen Therapy, IV Therapy)

**Payment Options:**

**By Check:** Made payable to Georgia Association for Home Health Agencies, Inc. **OR** GAHHA

**By Credit Card:** GAHHA accepts Visa, MasterCard, American Express & Discover

Please charge \$ \_\_\_\_\_ to my credit card

**Credit Card #**

**Exp. Date** \_\_\_\_\_ **Security Code** \_\_\_\_\_

**Visa** \_\_\_ **MasterCard** \_\_\_ **AmEx** \_\_\_ **Discover** \_\_\_

**Name (as it appears on card) – please print:**

**Address of Cardholder:**

Street

City

State

Zip

**Signature (required):**

**Email Address for Receipt:**

**Please complete this application and mail it along with your check or credit card information to:**

GAHHA  
2146 Roswell Road  
Suite 108 – PMB 1107  
Marietta, GA 30062

**If paying by credit card you may fax or email to GAHHA**

Member Dues are Non-Refundable Under All Circumstances

**Administrator/Executive Director Please Sign Below**

Signature

Date

770-565-4531 Office  
[gahomehealth@earthlink.net](mailto:gahomehealth@earthlink.net)

770-565-1739 FAX  
[www.gahha.org](http://www.gahha.org)

For 2019 tax reporting purposes, 15% of your GAHHA membership dues goes toward lobbying activities for 2019.

**INFORMATION**

Executive Director/Administrator

Agency/Company Name

Address

City/State/Zip Code

Telephone Number

Fax Number

Web Address

Please provide name & email address(s) for GAHHA email address book - no limit – additional sheet may be attached:

Recipient's Name & Email Address

Recipient's Name & Email Address

**Voting Member Name**

**(individual responsible for voting on behalf of agency)**

Please provide the following information for our records and our website:

**Counties Served (List Alphabetically)**

Proprietary \_\_\_\_\_ Not-for-Profit \_\_\_\_\_  
Hospital Based \_\_\_\_\_ Free Standing \_\_\_\_\_  
Hospice Provider \_\_\_\_\_ NAHC Member \_\_\_\_\_

JCAHO \_\_\_ CHAP \_\_\_ ACHC \_\_\_ Accredited